



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Chlamydia and PID among Women in North Carolina, 2018



The reported number of chlamydia infections is increasing in North Carolina

North Carolina 2018:

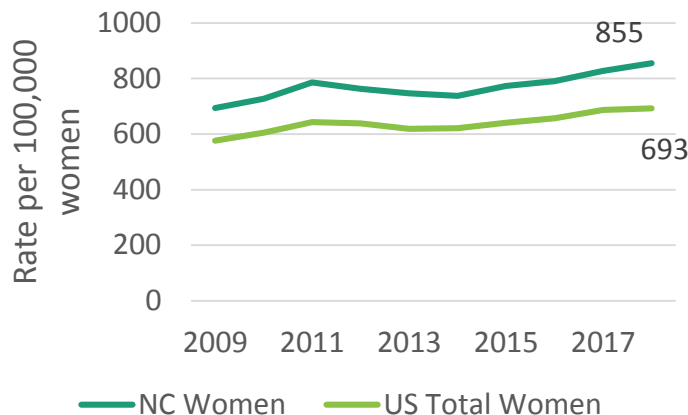
- 45,579 cases reported among women (rate of 855 cases per 100,000 women).

United States, 2018:

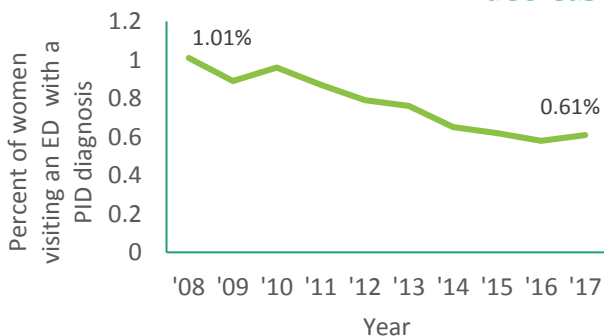
- 1.1 million cases reported among women (rate of 693 cases per 100,000 women).

Chlamydia trends:

- Chlamydia is increasing in NC and nationally.
- Increases in reported cases may reflect increases in testing as well as increases in true disease rates.



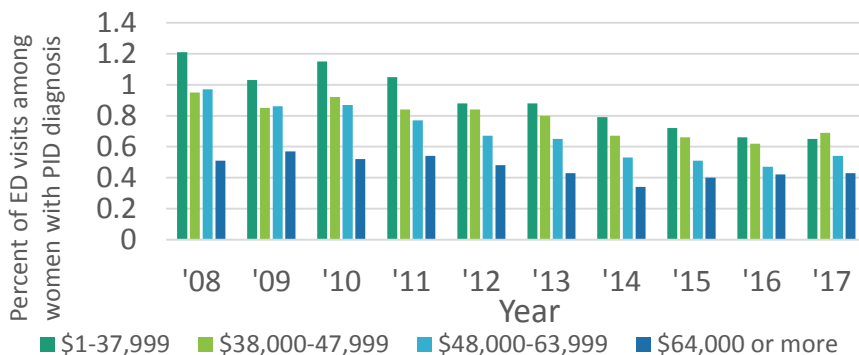
Pelvic Inflammatory Disease prevalence in women visiting NC Emergency Departments decreased between 2008-2017



- Chlamydia and gonorrhea are important causes of pelvic inflammatory disease (PID).
- Increasing diagnosis and treatment of chlamydia may help to decrease PID.
- PID can be diagnosed in many settings; this chart only represents the trend seen in emergency departments (EDs).
- Other causes may also contribute to the decrease seen in PID diagnosed in EDs.

ED visits among women with PID decreased more for women living in poor areas than women living in rich areas

- Between 2008 - 2017, women of lower socioeconomic status consistently had the highest percent of PID diagnoses. However, the disparity has shrunk over time, both in NC and nationally.
- This decrease may be due to improved access to care due to the Affordable Care Act.



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Chlamydia and PID among Women North Carolina, 2018

What is North Carolina doing to decrease chlamydia?

- In September 2014, the SLPH increased the upper age limit for routine chlamydia screening in women from 24 years of age (as recommended by the CDC) to 25 years of age.
- North Carolina provides funds for chlamydia screening for all women who are seen in a publicly funded health care facility, such as local health departments and family planning settings.
- North Carolina supports expedited partner therapy for chlamydia; this therapy can help ensure that partners are treated, preventing reinfection. Resources and protocols can be found: <http://www.ncbop.org/faqs/Pharmacist/ExpeditedPartnerTherapyFAQsMay2016.pdf>

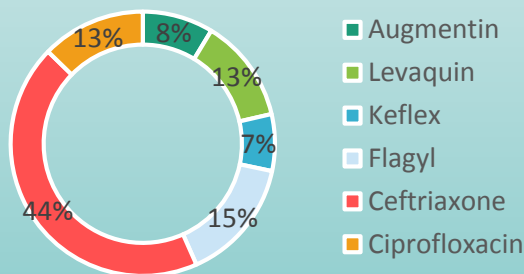
Why do we track treatment?

- Untreated or mistreated chlamydia can lead to severe health outcomes, including increased risk for HIV, PID, and infertility.
- Infants born to mothers with active chlamydia are also at risk for infection. Treatment of babies at birth protects these infants. In 2018, 3 babies were born to chlamydia-infected mothers and developed conjunctivitis.

92%
of women received
correct treatment for
chlamydia in North
Carolina in 2018

- Less than 1% of cases were treated with incorrect treatment; for the remainder, information was missing. The most frequently used incorrect medications are listed to the right.

Incorrect medication prescribed for chlamydia in 2018



What CLINICIANS can do

- Routinely ask patients about their sexual activity and test those that are sexually active
- Treat all pregnant women diagnosed with chlamydia promptly and correctly, by adhering to the CDC's STD Treatment Guidelines (<https://www.cdc.gov/std/tg2015/chlamydia.htm>).
- Refer partners for treatment and consider implementing Expedited Partner Therapy (EPT).
- Both patient and partner must be treated to cure and prevent reinfection.
- For other resources, visit the National Coalition for Sexual Health compendium (<https://nationalcoalitionforsexualhealth.org/tools-for-healthcare-providers/compendium-of-sexual-reproductive-health-resources-for-healthcare-providers>).

What YOU can do

If you have chlamydia, ensure that you and your partners get treatment and you get retested after 3 months.